

Exhibit A

Document 2

CAUSE NO. 1-17-1014

THOMAS PETTY

d/b/a TOM PETTY TRUCKING
COMPANY

Plaintiff,

VS.

GREAT WEST CASUALTY COMPANY
DEFENDANT,

IN THE DISTRICT COURT

ROCKWALL COUNTY, TEXAS

382ND
JUDICIAL DISTRICT

LEA CARLSON
DISTRICT CLERK
BY [Signature] DEPUTY

2017 SEP -5 AM 9:28

FILED FOR RECORD
ROCKWALL CO, TEXAS

PLAINTIFF' ORIGINAL PETITION

TO THE HONORABLE JUDGE OF SAID COURT:

COME NOW, THOMAS PETTY d/b/a TOM PETTY TRUCKING COMPANY, Individually and representative of TOM PETTY TRUCKING COMPANY (hereinafter "plaintiff") complaining of GREAT WEST CASUALTY COMPANY, (hereinafter "defendants"), and for cause of action would show the Court the following:

I.

Plaintiff is a resident of Collin County, Texas

Service to defendant is via email.

II.

This case arises out of two accidents cover under defendants' policy # GWP81789E.

The first accident on 2/12/2016, where a negligent vehicle own by Victory Life Church was operating without seats or seat belts and was carrying passengers, Its' driver Ragsdale, Joshua, was using a cell phone while driving, and could not find his glasses. Ragsdale did not yield the right of way causing, an accident with the Plaintiff's vehicle. One of Victory Life Church passenger died at the scene, under Defendants' claim #J75559.

Second accident on 6/28/2016, a pickup truck driven by Greenwood, Daniel was in the Plaintiffs' lane going straight towards plaintiff at a very high rate of speed. The Plaintiff applied

his brakes and veered off the highway trying to avoid the pickups on coming assault. Greenwood never apply his brakes, slamming into the side of the Plaintiffs' 2003 international 9400i. Greenwood, Daniel died at the scene from slamming his pickup into the plaintiffs' vehicle, under Defendants' Claim #K09160.

Defendant failure to communicate when Greenwood Estate brought a cause of action forth in plaintiff's name, the Plaintiff had no knowledge of the cause until 30 days past the final judgment.

III.

As a result of these accidents, two fatalities accrued, the Plaintiff received mental injuries that are permanent, and cannot operate the trucking company or drive a commercial vehicle again. The plaintiff seeks damages for loss of business, DOT 1812991, MC 658562, loss of Commercial Drivers License, and mental distress & anguish.

IV.

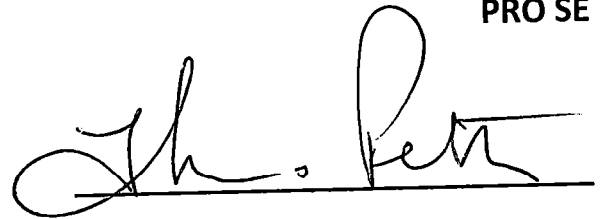
Plaintiff hereby asserts against Defendant all causes of action available to him under any law, and plaintiff hereby seeks to recover from defendant all forms of damages allowed by law.

WHEREFORE, PREMISES CONSIDERED, Plaintiffs' pray that defendant be cited to appear and answer herein and that upon the trial of this cause, have judgment against Defendant for all damages as set out herein, per-judgment interest at the highest level rate allowed by law, post judgment interest at the highest level rate allowed by law, all cost of court, and for such other further relief, both general and special, either at law or in equity, to which plaintiffs' may show he justly entitled

RESPECTFULLY SUBMITTED,

THOMAS PETTY

PRO SE

A handwritten signature in black ink, appearing to read "Th. Petty", written over a horizontal line.

278 County RD 911 Edwards

Royse city, TX 75189

Phone 972-636-9697

Cell 214-789-6652

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENTAL ☐ ACTIVE ☐ SCHOOL ZONE ☐ Total Num. Units 3 ☐ Total Num. Persons 12 ☐ DOT Crash ID 15215160.1 /201634118



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
 Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

*Crash Date (MM/DD/YYYY) 06/28/2016		*Crash Time (24HRMM) 1805		Case ID		Local Use																																																							
*County Name DELTA				*City Name COOPER (DELTA)																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 33.37202		Longitude (decimal degrees) 095.70719																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. SH		*Hwy. Num. 24		2 Rdwy. Part 1		Block Num.																																																							
3 Street Prefix		*Street Name		4 Street Suffix		HWY																																																							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 65		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Dec.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num.		3 Street Prefix		Street Name West Dallas		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 100		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc.		RRX Num.																																																											
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. R216977		VIN 3HSCNAPR53N064501																																																											
Veh. Year 2003		6. Veh. Color WHI		Veh. Make INTERNATIONAL		Veh. Model 9400																																																							
7 Body Style TT		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/D Type 1		DL/D State TX		DL/D Num. 05962296		9 DL Class AM																																																							
10 CDL End. N,P,T		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/23/1958																																																									
Address (Street, City, State, ZIP) 278 Cr 911 Edwards ST Royse City, TX 75189																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>Petty, Thomas Arthur</td> <td>N</td> <td>57</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	Petty, Thomas Arthur	N	57	W	1	1	1	97	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address Petty, Thomas Arthur, 278 Cr 911 Edwards ST Royse City, TX 75189																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Great West Casualty																																																							
Fin. Resp. Phone Num. 210 - 490 - 0770		27 Vehicle Damage Rating 1 1 1 - L D - 4		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By Benson Brother Wrecker Service				Towed To 6689 N. HWY 24 Commerce, Tx 75428																																																									
Unit Num. 2		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. 037C534		VIN 1JJV532W84L873212																																																											
Veh. Year 2004		6. Veh. Color ONG		Veh. Make WABASH NATIONAL CORP		Veh. Model NOT APPLICABLE																																																							
7 Body Style TL		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/D Type		DL/D State		DL/D Num.		9 DL Class																																																							
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																									
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Great West Casualty																																																							
Fin. Resp. Phone Num. 210 - 490 - 0770		27 Vehicle Damage Rating 1 1 1 - L D - 2		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By Benson Brother Wrecker Service				Towed To 6689 N. HWY 24 Commerce, Tx 75428																																																									

DISPOSITION OF INJURED/KILLED	Unit Num.	Prim. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24-HR/MM)

CHARGES	Unit Num.	Prim. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	1	1	01812991

Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type
Thomas Arthur Petty		278 Cr 911 Edwards St Royse City, TX 75189		9

31 Bus Type	32 HazMat Class Num.	32 HazMat ID Num.	32 HazMat Class Num.	32 HazMat ID Num.	33 Cargo Body Style
0	<input checked="" type="checkbox"/> GVWR	8	<input type="checkbox"/> Yes	0	3

Trailer 1 Unit Num.	34 Trk. Type	CMV Disabling Damage?	Trailer 2 Unit Num.	34 Trk. Type	CMV Disabling Damage?
2	<input checked="" type="checkbox"/> GVWR	<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4
	13			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									1	1	97	1	1	1	11

NARRATIVE AND DIAGRAM	<p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</p> <p>Unit 1 towing Unit 2 was traveling Southbound on Sh 24. Unit 3 was traveling Northbound coming into Cooper. The driver of Unit 3 failed to drive in a single lane and veered over into the Southbound lane. Driver of Unit 1 took evasive action by applying his brakes and pulling to the right. The driver of Unit 1 was unable to avoid colliding with Unit 3 as it (Unit 3) collided into the left side of Unit 1 and Unit 2. The impact caused Unit 3 to travel back a cross into the Northbound lane where it came to rest. Unit 3 received major body damage to its front, top, and left drivers side. Unit 1 received major left distributed damage with Unit 2 receiving damage to its front left also. Both Units came to rest off the roadway in the west ditch.</p>	<p>Field Diagram - Not to Scale</p>
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INVESTIGATOR	Time Notified (24-HR/MM)	1	8	2	3	How Notified/Dispatched DCSO	Time Arrived (24-HR/MM)	1	8	3	3	Report Date (MM/DD/YYYY)	06/28/2016				
	Invest. Comp.	<input type="checkbox"/> Yes	Investigator Name (Printed) Crittendon, Archie										ID Num. 10376				
	OR# Num.	Agency/ DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS										Service/ Region/DA			E P 1 D 0 5		



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)
Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

*Crash Date (MM/DD/YYYY) 06/28/2016		*Crash Time (24HRMM) 1805		Case ID		Local Use																															
*County Name DELTA				*City Name COOPER (DELTA)				<input type="checkbox"/> Outside City Limit																													
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degree) 33°37'20"2		Longitude (decimal degree) 095°7'07"19																															
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. SE		*Hwy. Num. 24		2 Rdwy. Part 1		Block Num.		3 Street Prefix		*Street Name		4 Street Suffix HWY																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 65		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Street Desc.																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																					
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name West Dallas		4 Street Suffix ST																							
Distance from Int. or Ref. Marker 100		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc.		RRX Num.																											
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. AR38586		VIN 2GCBEK19T8Y1393023																											
Veh. Year 2000		6. Veh. Color BLU		Veh. Make CHEVROLET		Veh. Model C1500		7 Body Style PK		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25267990		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/29/1983																									
Address (Street, City, State, ZIP) 1407 Cr 32220 RD Sumner, TX 75486																																					
VEHICLE, DRIVER, & PERSONS																																					
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity K		Age 32		15 Ethnicity W		16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
										Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Greenwood, Daniel Michael, 1407 Cr 32220 RD Sumner, TX 75486																																			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Texas Farm Bureau County Name Mutual				Fin. Resp. Num. 21949477																											
Fin. Resp. Phone Num. 800 - 266 - 5458				27 Vehicle Damage Rating 1 1 1 - - - - - 7				27 Vehicle Damage Rating 2 - - - - - - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By Benson Brothers Wrecker Service				Towed To 6689 N. HWY 24 Commerce, Tx 75428																																	
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																											
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model		7 Body Style		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																									
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Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - - - - - - - - -				27 Vehicle Damage Rating 2 - - - - - - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Towed By				Towed To																																	

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)							
	3	1	Dallas Medical examiner	Delta Funeral	06/28/2016	1 8 2 8							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.									
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address									
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type								
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style					
	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4								
	FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions			
		Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
		3	23										
	NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale						
INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)						
	1 8 2 3		Dispatched DCSO		1 8 3 3		06/28/2016						
	Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Crittenden, Archie				ID Num.		10376					
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA		H P 1 D 0 5						

214 - 861 - 2157

Sergeant Kyle Bradford

214 - 861 - 2351

Lieutenant Lonny Haskel

214 - 861 - 2237

214 - 861 - 2000
TX
DPS

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Case 3:17-cv-02526-BN Document 1-3 Filed 09/18/17 Page 10 of 34 PageID 29

60063784

9762646

SPECIMEN ID NO.

60063784

9762646

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. EMPLOYER: C/O KYLE JONES, MD OCCUPATIONAL MED 3154 CLARKVILLE PARIS TX 75460 PH: 903-785-4600 FAX: 903-782-9150		B. MRO Name, Address, Phone No. and Fax No. FORM ID: TPAH50020 KYLE JONES MD 1025 DEXHONG DR PARIS TX 75460 PH: 903-785-4600 FAX: 903-782-9150	
C. Donor SSN or Employee I.D. No. 462-23-1653			
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input checked="" type="checkbox"/> DOT - Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG			
E. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input checked="" type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify)			
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify)			
EMPLOYER Tom truckn (V) 47643M DOT DRUG PANEL Reth			
G. Collection Site Name: KYLE JONES, MD Address: 3154 CLARKVILLE ST City, State and Zip: PARIS TX 75460		Collection Site Code: Collector Phone No.: 9037854600 Collector Fax No.:	

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark ☐ Observed, (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.		SPECIMEN BOTTLE(S) RELEASED TO: <input checked="" type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Other	
X <u>Ivan Paster</u> Signature of Collector		Date (Mo./Day/Yr.) 6/28/16 Time of Collection 1026 AM	
(Print) Collector's Name (First, MI, Last)		Name of Delivery Service	

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X <u>Thomas Reth</u> Signature of Donor		(PRINT) Donor's Name (First, MI, Last) Thomas Reth	
Daytime Phone No. 1214 789-6652		Evening Phone No. ()	
Date of Birth 11/23/58		Mo. Day Yr.	

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:			
<input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE for:			
<input type="checkbox"/> DILUTE			
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below:		<input type="checkbox"/> TEST CANCELLED	
<input type="checkbox"/> ADULTERATED (adulterant/reason):			
<input type="checkbox"/> SUBSTITUTED			
<input type="checkbox"/> OTHER			
REMARKS: X <u>K. Jones MRO</u>		Signature of Medical Review Officer	
(PRINT) Medical Review Officer's Name (First, MI, Last) Kyle Jones, MD		Date (Mo./Day/Yr.) 6/30/16	
4026 Lamar Ave.			
Paris, TX 75462			
903-785-4600			

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:			
<input type="checkbox"/> RECONFIRMED for:		<input type="checkbox"/> TEST CANCELLED	
<input type="checkbox"/> FAILED TO RECONFIRM for:			
REMARKS: X			
Signature of Medical Review Officer		(PRINT) Medical Review Officer's Name (First, MI, Last)	
		Date (Mo./Day/Yr.)	

COPY 4 - EMPLOYER COPY

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Thomas Petty
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 462-23-1653

C: Employer Name Tom Petty Trucking
Street 278 County 11
City, State, Zip Round Rock TX 78689

DER Name and Telephone No. Tom Petty (214) 789-6652
DER Name DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee Thomas Petty Date 6 Month 28 Day 16 Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STI DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☒ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

Kyle Jones MD
4025 Lamar Ave
Paris TX 75462

Alcohol Technician's Company Eastwind Company Street Address
(PRINT) Alcohol Technician's Name (First, M.I., Last) Tom Petty Company City, State, Zip Round Rock TX Phone Number 214-789-6652
Signature of Alcohol Technician Tom Petty Date 6 Month 28 Day 16 Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date _____ Month _____ Day _____ Year _____

Print Screening Results
Here or Affix with
Tamper Evident Tape

CMI, Inc.
Intox1192er 400
Ser No: 95311D

Test No: V1099
Date: 06/28/16
Test Type: SCREENING

Diagnosics: PASS
Time of Test: 12:00 PM
Result: 0.00 BAC

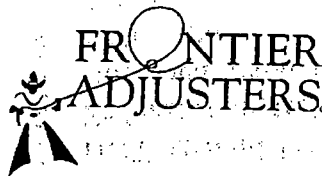
Donor Name: _____

Signature: _____

Operator Name: _____

Signature: _____

Print
Additional Results Here
or Affix With
Tamper Evident Tape



1124 CR 1107
Sulphur Springs TX 75482

Telephone 903-485-3080
Fax 866-253-7999

July
~~April~~ 5, 2016

Great West Casualty
P.O. Box 277
South Sioux City, NE 68776

Attn.: Darrell McCowan

RE: Claim#: K09164
Date of Loss: 06/28/2016
Insured: Tom Petty Trucking
Our File #: FA-183-D55-477

Enclosures:

1. DOT Alcohol Testing Form (sent by US Mail)
2. Federal Drug testing Custody And Control Form (sent by US Mail)
3. Document from Justice of the Peace Ginny Phifer
4. VIN Inquiry
5. Trans Union Comprehensive Report Decedent Daniel Michael Greenwood
6. Photos

Assignment:

We were given this assignment 06/28/2016 and went to site of accident on same date.

Investigation:

When I arrived at the accident site the insured had already left the accident scene. The Department of Public Safety investigation officer, Archie Crittenden, was on scene at time of my arrival. I interviewed Trooper Crittenden and he told me it was apparent from the marks on the highway that the a pick-up truck driven by decedent was traveling north and had got over into the south bound lane of the highway. He stated that Mr. Petty had done everything correct and the skid marks showed that Mr. Petty had applied his brakes and skid for about 154' before the point of impact. The skid marks also show the insured's tractor had veered to the right trying to escape the oncoming pick-up. Trooper Crittenden told me he thought the decedent was drunk. I asked if he found a liquor in the decedent's vehicle and he declined to answer. His answer was how else anyone can have an accident out on a road like this. The Trooper told me no DOT inspection would be

done on insured's vehicle because the insured's truck did not cause the accident.

I found the accident site was about 100 to 200 yards south of the intersection of State Highway 24 and State Highway 154 in Cooper, Texas. The accident occurred on State Highway 24 and state Highway 24 runs north and south and where the accident occurred is a two lane highway with improved shoulders and is in a construction zone.

The Traffic controls where the accident occurred are a double yellow center stripe and a posted speed limit of 65 miles per hour.

I interviewed the insured and he said he was traveling south on State Highway 24 and he was the decedent coming north in the northbound lane of Highway 24. Insured said he then saw decedents vehicle pull over into the southbound lane and when he saw the vehicle coming toward him he applied his brakes and when decedent did not steer out of his lane he started pulling to the right to try and avoid the accident. Insured said decedent continued straight toward him and the front of decedent's vehicle struck the left battery box of insured's vehicle and continued forward progress and hit eh left driving wheels of insured's vehicle. Decedent's vehicle continued forward progress and came to rest under the trailer insured was pulling.

Insured said he got out of his tractor and checked on decedent as saw that he was setting seat belted in the cab of decedent's vehicle and decedent was dead with part of decedent's head missing. Insured said about that time other people arrived and they cut the seatbelts and got decedent out on his pick-up. Insured said a fire started in decedent's vehicle and insured got his fire extinguisher out and one of the bystanders took it and put the fire out.

I went back to the accident site on the 29th to take photos and while there I went into the city of Cooper and visited with the JP that had pronounced the decedent dead. She said she had ordered an autopsy and toxicology testing on decedent. She said if I make an open records request for said documents she will honor request. I also went to the County Clerk's office and she said when they got the death certificate I could fill out their form and purchase a copy of certificate.

I took the vehicle VIN number to my local tax office and had vehicle inquiry run and it belonged to Mr. Greenwood.

Today I did a Trans Union search and got a comprehensive report on decedent and it appears decedent had prior issues with law enforcement with drug and assault charges.

Bodily Injury:

The driver of the other vehicle is believed to be Daniel Michael Greenwood and is appears he was killed by blunt force trauma in the accident. He was 32 years young

and would have had his 33 birthday if he had lived till June 30th.

Cargo:

I have been working with Great West Casualty Insurance Company adjuster Nathan Shurmon.

Property Damage:

This was not in the scope of this assignment.

Physical Damage:

This was not in the scope of this assignment.

Subrogation:

When I get the DPS accident report it should show if decedent had liability insurance. If decedent had liability insurance your company should be able to subrogate against that liability carrier.

Drug & Alcohol Testing:

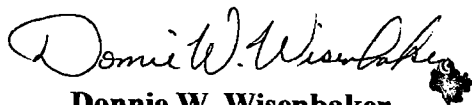
I took insured to Texas & Oklahoma Occupational Medicine Services and had him drug and alcohol tested.

Remarks:

Remaining Task:

1. Obtain DPS accident report.
2. Send open records to DPS for copy of fatality packet when it is completed.
3. Get copy of autopsy report.
4. Get death certificate

Regards,



Donnie W. Wisenbaker
Adjuster CMEA

CC: Tom Petty Trucking 278 County Road 911 Royse City, TX 75189-7283

Enclosures:



STEVEN C. McCRAW
DIRECTOR

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD - BOX 4087 - AUSTIN, TEXAS 78773-0001

www.dps.texas.gov
DRIVER LICENSE DIVISION
512-424-2600
EN ESPANOL 512-424-7181



DAVID G. BAKER
ROBERT J. BODISCH, SR.
DEPUTY DIRECTORS

HISTORY RECORD: 01/25/2017

- THIS TYPE OF RECORD WILL REFLECT COMPLETION OF A DRIVING SAFETY COURSE.
- THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.

REQUESTED BY:

PETTY, THOMAS
278 CR 911 Edwards
ROYSE CITY, TX 75189

PETTY, THOMAS ARTHUR

278 CR 911 EDWARDS
ROYSE CITY, TX 75189-0000
REPORT OF APPROVED DRIVER EDUCATION COURSE.

Date of Birth: 11/23/1958
Sex: MALE
Eye Color: BROWN

DRIVER LICENSE INFORMATION

Down graded from CDL

Driver License Number: 05962296 License Type: DL License Class: CM
Date Originally Issued: 12/16/1974 Date Last Issued: 10/06/2015 Date of Expiration: 11/23/2020
Restrictions: NONE
Endorsements: NONE

STATUS INFORMATION

Driver eligibility reflects a person's eligibility to drive at the time this document was requested.
Administrative Status details additional notes related to the person's record that do not affect driving eligibility.

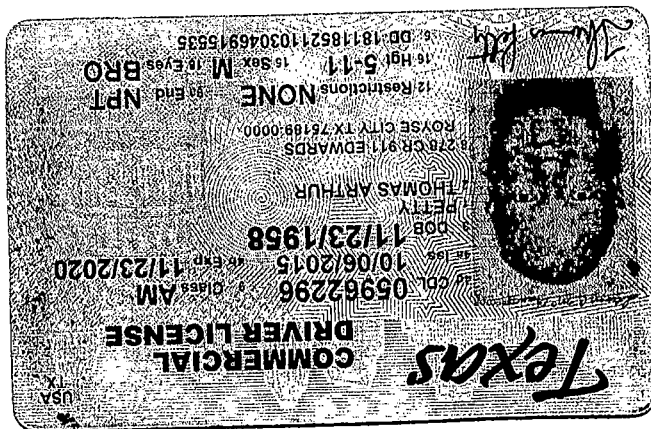
Driver Eligibility: ELIGIBLE
Administrative Status: NONE

EVENT HISTORY

This section displays information relating to convictions, crash involvement, and safety courses completed.

EVENT 1	CONVICTION	FAILURE TO OBEY RESTRICTED LANE MANDATED
Offense Date:	05/04/2012	Conviction Date: 08/01/2012
		State: IN
		Reference: 49G131205IF0363
		Number: 73
CMV:	YES	HAZMAT: NO
		CDL: YES
EVENT 2	CRASH	POSSIBLE INJURY
Accident Date:	05/21/2009	Case Number: 0010871868
City:	GREENVILLE	State: TX

End of Record



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 49349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Appendix Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY)	02/12/2016	*Crash Time (24HRMM)	1655	Case ID		Local Use																												
	*County Name	VAN ZANDT	*City Name		<input checked="" type="checkbox"/> Outside City Limit																														
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees)	32.40622	Longitude (decimal degrees)	095.59483																												
	ROAD ON WHICH CRASH OCCURRED																																		
	*1 Rdwy. Sys.	SH	*Hwy. Num.	64	2 Rdwy. Part	1	Block Num.																												
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit	70	Const. Zone	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workouts Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																		
	At Int	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys.	FM	Hwy. Num.	314	2 Rdwy. Part	1																											
	Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.																												
	Unit Num.	1	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State	TX	LP Num.	R216977																										
Veh. Year	2003	6 Veh. Color	WHT	Veh. Make	INTERNATIONAL	Veh. Model	9400	7 Body Style	TT																										
8 DL/D Type	2	DL/D State	TX	DL/D Num.	05962296	9 DL Class	AM	10 CDL End.	N, P, T																										
Address (Street, City, State, ZIP)		278 CR 911 EDWARDS ROYSE CITY, TX 75189																																	
VEHICLE, DRIVER, & PERSONS	Person Num.	1	12 Psn. Type	1	13 Seat Position	1	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	N	Age	57	15 Ethnicity	W	16 Sex	1	17 Eject.	1	18 Restr.	1	19 Airbag	1	20 Helmet	97	21 Sol.	N	22 Alc. Spec.	96	23 Drug Spec.	96	24 Drug Result	97	25 Drug Category	97
	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																		
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address PETTY, THOMAS ARTHUR, 278 CR 911 EDWARDS ROYSE CITY, TX 75189																																	
	Proof of Fin. Resp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26 Fin. Resp. Type	1	Fin. Resp. Name	JEFFERS INSURANCE AGENCY										Fin. Resp. Num.	GWP 81 78 9E																		
	Fin. Resp. Phone Num.		210 490 0770		27 Vehicle Damage Rating 1	1	2	-	F	R	-	1	27 Vehicle Damage Rating 2																Vehicle Inventoried	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	Towed By		DRIVEN AWAY		Towed To																														
	Unit Num.	2	5 Unit Desc.	6	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State	TX	LP Num.	037C534	VIN	1 J J V 5 3 2 W 8 4 L 8 7 3 2 1 2																								
	Veh. Year	2004	6 Veh. Color	ONG	Veh. Make	WABASH NATIONAL CORP										Veh. Model	NOT APPLICABLE										7 Body Style	TL	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)						
	8 DL/D Type		DL/D State		DL/D Num.		9 DL Class		10 CDL End.		11 DL Restr.		DOB (MM/DD/YYYY)																						
	Address (Street, City, State, ZIP)																																		
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result		25 Drug Category		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address PETTY, THOMAS ARTHUR, 278 CR 911 EDWARDS ROYSE CITY, TX 75189																																		
Proof of Fin. Resp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26 Fin. Resp. Type	1	Fin. Resp. Name	JEFFERS INSURANCE AGENCY										Fin. Resp. Num.	GWP 81 78 9E																			
Fin. Resp. Phone Num.		210 490 0770		27 Vehicle Damage Rating 1											27 Vehicle Damage Rating 2																Vehicle Inventoried	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By				Towed To																															

DISPOSITION OF INJURED/DECEASED	Unit Num.	Prim. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24-HR:MM)

CHARGES	Unit Num.	Prim. Num.	Charge	Citation/Reference Num.

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	1	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28 Veh. Oper.	1	28 Carrier ID Type	1	Carrier ID Num.	01812991	
Carrier's Corp. Name THOMAS ARTHUR PETTY Carrier's Primary Addr. 278 CR 911 EDWARDS ROYSE CITY, TX 75189 30 Veh. Type 9													
31 Bus Type		0		<input checked="" type="checkbox"/> RGWW		HazMat Released		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32 HazMat Class Num.			
33 Cargo Body Style		3		HazMat ID Num.				32 HazMat Class Num.				HazMat ID Num.	
Trailer 1 Unit Num.		2		<input type="checkbox"/> RGWW <input type="checkbox"/> GWR		34 Trlr. Type		2		CMV Disabling Damage?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Trailer 2 Unit Num.						34 Trlr. Type				CMV Disabling Damage?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sequence Of Events		35 Seq. 1		13		35 Seq. 2				35 Seq. 3			
										35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	38 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									1	1	4	1	1	1	8

<p style="text-align: center;">Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</p> <p>UNIT 1 WAS TOWING UNIT 2 AND TRAVELING WESTBOUND ON SH 64 - APPROACHING THE INTERSECTION WITH FM 314 (YELLOW FLASHING LIGHTS ONLY). UNIT 3 HAD BEEN TRAVELING NORTHEASTBOUND ON FM 314 AND WAS THEN PULLING FROM THE STOP SIGN POSTED AT SH 64 (WITH RED FLASHING LIGHT AND A WARNING NOTICE POSTED UNDER THE STOP SIGN THAT ADVISES DRIVERS ON FM 314 THE FOLLOWING: CROSS TRAFFIC DOES NOT STOP). THE DRIVER OF UNIT 3 FAILED TO YIELD THE RIGHT OF WAY TO UNITS 1 AND 2. UNIT 1 COLLIDED WITH UNIT 3 AT THE INTERSECTION. UNIT 1 SUSTAINED SLIGHT FRONT RIGHT DAMAGE. UNIT 3 SUSTAINED RIGHT BACK QUARTER DAMAGE AND WAS SPUN BY THE COLLISION. UNIT 3 CAME TO REST IN THE WEST SIDE OF FM 314 AND FACING SOUTH - IN FRONT OF THE SOUTHBOUND STOP SIGN. THE DRIVER OF UNIT 1 PULLED OVER ON THE WESTBOUND IMPROVED SHOULDER OF SH 64; A SHORT DISTANCE FROM THE INTERSECTION. ALL THE REAR PASSENGER SEATS OF UNIT 3 WERE MISSING/REMOVED AND TWO PASSENGERS WERE UNRESTRAINED IN THAT SECTION OF THE VEHICLE. ONE DIED OF INJURIES SUSTAINED DURING THE COLLISION BUT WAS NOT EJECTED. THE OTHER 15 YEAR OLD PASSENGER WAS EJECTED AND SUSTAINED INCAPACITATING INJURIES. THE FRONT RIGHT PASSENGER APPEARS TO HAVE BEEN UNRESTRAINED AS WELL AND BECAME EJECTED FROM UNIT 3. THE DRIVER OF UNIT 3 DID NOT REPORT OR APPEAR TO HAVE BEEN INJURED DURING THE COLLISION. THE DRIVER OF UNIT 3 STATED THAT HE HAD PULLED INTO THE INTERSECTION BECAUSE HE BELIEVED THE INTERSECTION WAS A 4-WAY STOP INTERSECTION. A WITNESS REPORTED THAT THE DRIVER OF UNIT 3 HAD BEEN SEEN ENGAGED IN A CELLPHONE CONVERSATION WHILE HE DROVE UP TO THE STOP SIGN. THE DRIVER OF UNIT 3 STATED THAT HE HAD LOST HIS CORRECTIVE LENSES (EYE GLASSES) DURING THE CRASH.</p>	<p style="text-align: center;">Field Diagram - Not to Scale</p>
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INVESTIGATOR	Time Notified (24HR:MM)	1 7 0 0	How Notified	VAN ZANDT S.O.	Time Arrived (24HR:MM)	1 7 1 2	Report Date (MM/DD/YYYY)	02/19/2016
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				Zaragoza, Jose Alberto	
	ORI Num.		Agency				DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	
	ID Num.	13419	Service/Region/DA				H P 1 B 0 8	

Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

*Crash Date (MM/DD/YYYY) 02/12/2016		*Crash Time (24HRMM) 1655		Case ID		Local Use	
*County Name VAN ZANDT				*City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.40622		Longitude (decimal degrees) 095.159483	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. SH Sys.		*Hwy. 64 Num.		2 Rdwy. 1 Part		Block Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 70		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Works Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. FM Sys.		Hwy. Num. 314		2 Rdwy. 1 Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker	
Street Desc.		RRX Num.					
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 768		VIN 1C4GJ25302B703163					
Veh. Year 2002		6. Veh. Color BLU		Veh. Make CHRYSLER		Veh. Model VOYAGER	
7 Body Style VN		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 24789021		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 10/14/1987			
Address (Street, City, State, ZIP) 366 WINDING RIDGE ROCKWALL, TX 75032							
VEHICLE, DRIVER & PERSONS							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Category			
1 RAGSDALE, JOSHUA TODD		N		28		W	
2 WHITLEY, RANDY DALE		K		19		W	
3 ADAIR, MARIA KAY		A		58		W	
4 RODRIGUEZ, CHRISTIAN ALEXANDER		A		15		W	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address VICTORY LIFE MINISTRY OF HUNT, 1767 PRIVATE ROAD 3799 QUINLAN, TX 75474							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num. 1 903 455 2793		27 Vehicle Damage Rating 1 3		R B Q 4		27 Vehicle Damage Rating 2	
Towed By ALEXANDER'S TOWING		Towed To 2822 IH 20, VAN, TEXAS 75790					
VEHICLE, DRIVER & PERSONS							
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State	
LP Num.		VIN					
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
VEHICLE, DRIVER & PERSONS							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Category			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By		Towed To					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	3	2	HILLIARD FUNERAL HOME - VAN, TEXAS	HEARSE VEHICLE	02/12/2016	1 7 4 5
	3	3	TRINITY MOTHER FRANCES HOSPITAL	HELICOPTER		
	3	4	ETMC - TYLER	CHAMPION EMS AMBULANCE		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	3	1	CRIMINALLY NEGLIGENT HOMICIDE	TX4 J11 0 UKW JH

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4							
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	3	35	74	20								

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)		Field Diagram - Not to Scale	

INVESTIGATOR	Time Notified (24HR:MM)	1 7 0 0	How Notified	VAN ZANDT S.O.	Time Arrived (24HR:MM)	1 7 1 2	Report Date (MM/DD/YYYY)	02/19/2016
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		Zaragoza, Jose Alberto		ID Num.	13419
	ORI Num.	Agency						DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS
		Service/Region/DA						H P 1 B 0 8

Christi Underwood

JUDICIAL DISTRICT

PAGE 1

YEAR REVENUE FUEL COST REVENUE AFTER FUEL COST

2009	\$119,358.00	(\$50,844.00)	\$68,514.00
2010	\$151,295.50	(\$66,069.77)	\$85,225.73
2011	\$163,957.75	(\$62,326.69)	\$101,631.06
2012	\$169,537.50	(\$83,550.37)	\$85,987.13
2013	\$170,377.58	(\$85,053.67)	\$85,323.91
2014	\$159,247.40	(\$82,857.00)	\$76,390.40
2015	\$119,890.00	(\$46,277.48)	\$73,612.52
2016	\$41,677.00	(\$17,777.60)	\$23,899.40
Total 8 yrs			\$600,584.15

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Project unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0013. Public reporting burden for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, gathering the data needed, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-88A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Motor Carrier Identification Report

(Application for USDOT Number)

REASON FOR FILING (Mark only one)

☐ NEW APPLICATION

☐ BIENNIAL UPDATE OR CHANGES

☒ OUT OF BUSINESS NOTIFICATION

☐ REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER

Thomas A. Petty

2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME

Tom Petty Trucking

3. PRINCIPAL ADDRESS

278 County Rd 911 Edwards

4. CITY

Royse City

5. STATE/PROVINCE

Texas

6. ZIP CODE+4

75189

7. COLONIA (MEXICO ONLY)

8. MAILING ADDRESS

278 CR 911 Edwards

9. CITY

Royse City

10. STATE/PROVINCE

Texas

11. ZIP CODE+4

75189

12. COLONIA (MEXICO ONLY)

13. PRINCIPAL BUSINESS PHONE NUMBER

972-636-9697

14. PRINCIPAL CONTACT CELL PHONE NUMBER

972-636-9697

15. PRINCIPAL BUSINESS FAX NUMBER

972-947-3866

16. USDOT NO.

1812991

17. MC OR MX NO.

MC658562

18. DUN & BRADSTREET NO.

19. IRS/TAX ID NO.

EIN 752298458

SSN 752298458

20. INTERNET E-MAIL ADDRESS

thomas.petty@att.net

21. CARRIER MILEAGE (to nearest 10,000 miles for last calendar year) YEAR

22. COMPANY OPERATION (Mark all that apply)

A. ☐ Interstate Carrier

B. ☐ Intrastate Hazmat Carrier

C. ☐ Intrastate Non-Hazmat Carrier

D. ☐ Interstate Hazmat Shipper

E. ☐ Intrastate Hazmat Shipper

23. OPERATION CLASSIFICATION (Mark all that apply)

A. ☐ Authorized For-Hire

D. ☐ Private Passengers (Business)

G. ☐ U. S. Mail

J. ☐ Local Government

B. ☐ Exempt For-Hire

E. ☐ Private Passengers (Non-Business)

H. ☐ Federal Government

K. ☐ Indian Tribe

C. ☐ Private Property

F. ☐ Migrant

I. ☐ State Government

L. ☐ Other

24. CARGO CLASSIFICATIONS (Mark all that apply)

A. ☐ GENERAL FREIGHT

G. ☐ BUILDING MATERIALS

M. ☐ PASSENGERS

S. ☐ GARBAGE, REFUSE, TRASH

Y. ☐ PAPER PRODUCT

B. ☐ HOUSEHOLD GOODS

H. ☐ MOBILE HOMES

N. ☐ OIL FIELD EQUIPMENT

T. ☐ U.S. MAIL

Z. ☐ UTILITY

C. ☐ METAL SHEETS, COILS, ROLLS

I. ☐ MACHINERY, LARGE OBJECTS

O. ☐ LIVESTOCK

U. ☐ CHEMICALS

AA. ☐ FARM SUPPLIES

D. ☐ MOTOR VEHICLES

J. ☐ FRESH PRODUCE

P. ☐ GRAIN, FEED, HAY

V. ☐ COMMODITIES DRY BULK

BB. ☐ CONSTRUCTION

E. ☐ DRIVE AWAY/TOWAWAY

K. ☐ LIQUIDS/GASES

Q. ☐ COAL/COKE

W. ☐ REFRIGERATED FOOD

CC. ☐ WATER WELL

F. ☐ LOGS, POLES, BEAMS, LUMBER

L. ☐ INTERMODAL CONT.

R. ☐ MEAT

X. ☐ BEVERAGES

DD. ☐ OTHER

25. HAZARDOUS MATERIALS (CARRIER OR SHIPPER) (Mark all that apply)

(C) CARRIER

(S) SHIPPER

(B) BULK - IN CARGO TANKS

(NB) NON-BULK - IN PACKAGES

A. DIV 1.1

C

S

B

NB

B. DIV 1.2

C. DIV 1.3

D. DIV 1.4

E. DIV 1.5

F. DIV 1.6

G. DIV 2.1 (Flam. Gas)

H. DIV 2.1 LPG

I. DIV 2.1 (Methane)

J. DIV 2.2

K. DIV 2.2D (Ammonia)

C

S

B

NB

L. DIV 2.3A

M. DIV 2.3B

N. DIV 2.3C

O. DIV 2.3D

P. Class 3

Q. Class 3A

R. Class 3B

S. COMB LIQ

T. DIV 4.1

U. DIV 4.2

C

S

B

NB

V. DIV 4.3

W. DIV 5.1

X. DIV 5.2

Y. DIV 6.2

Z. DIV 6.1A

AA. DIV 6.1B

BB. DIV 6.1 POISON

CC. DIV 6.1 SOLID

DD. CLASS 7

EE. HRCQ

C

S

B

NB

FF. CLASS 8

GG. CLASS 8A

HH. CLASS 8B

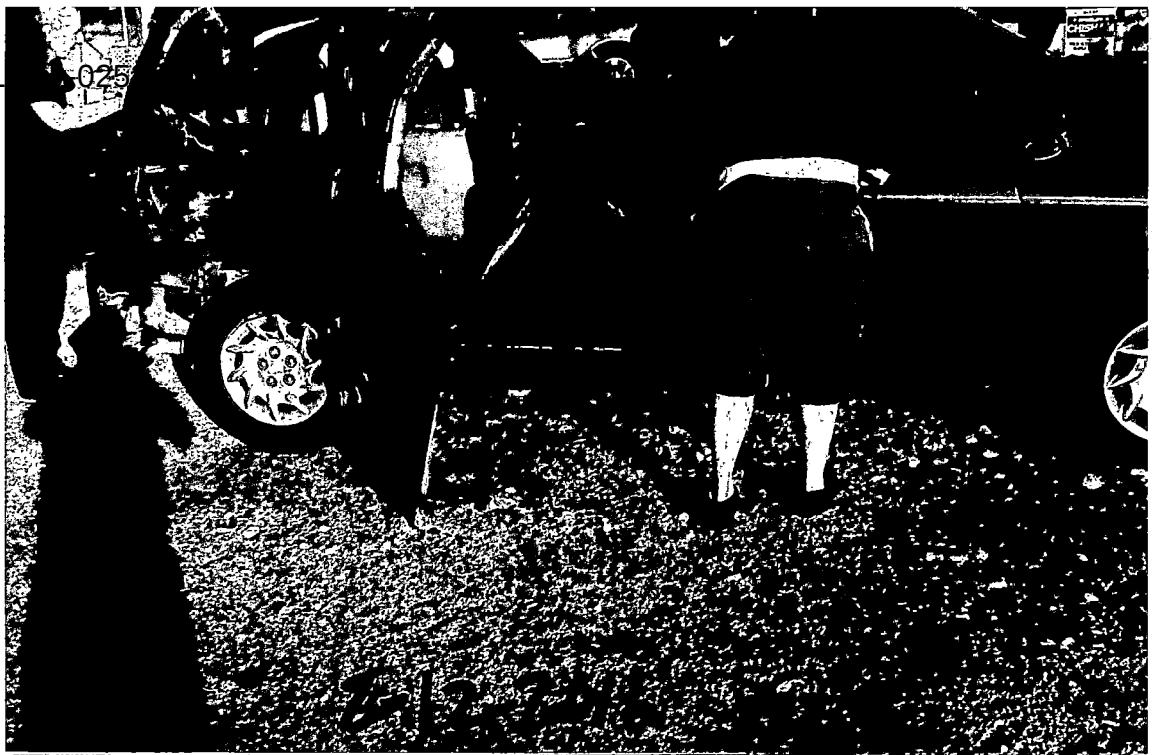
II. CLASS 9

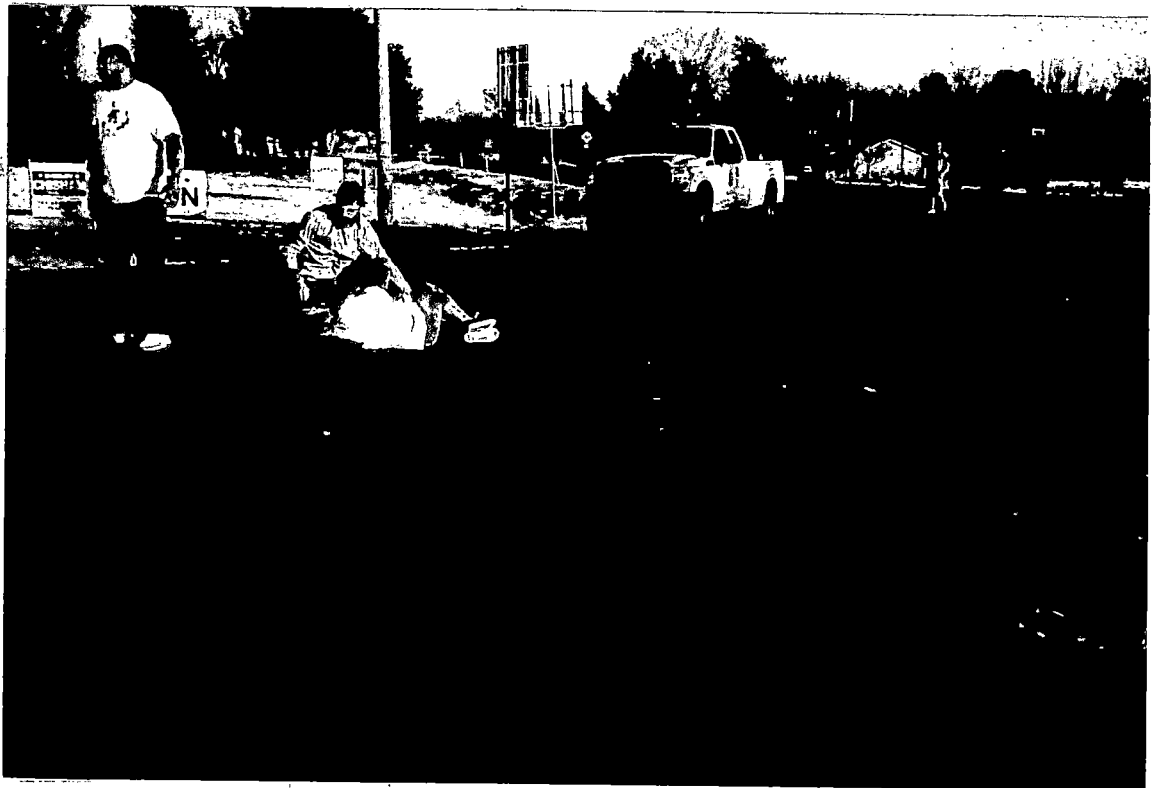
JJ. ELEVATED TEMP MAT.

KK. INFECTIOUS WASTE

LL. MARINE POLLUTANTS

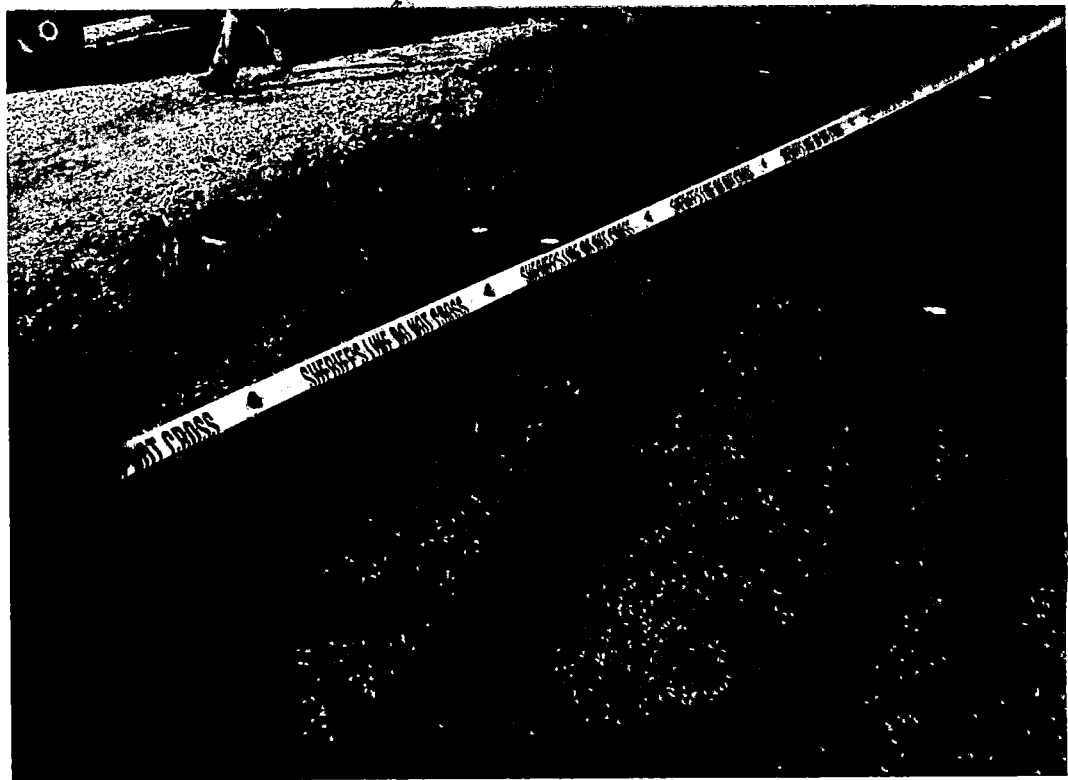
MM. HAZARDOUS SUB (RQ)



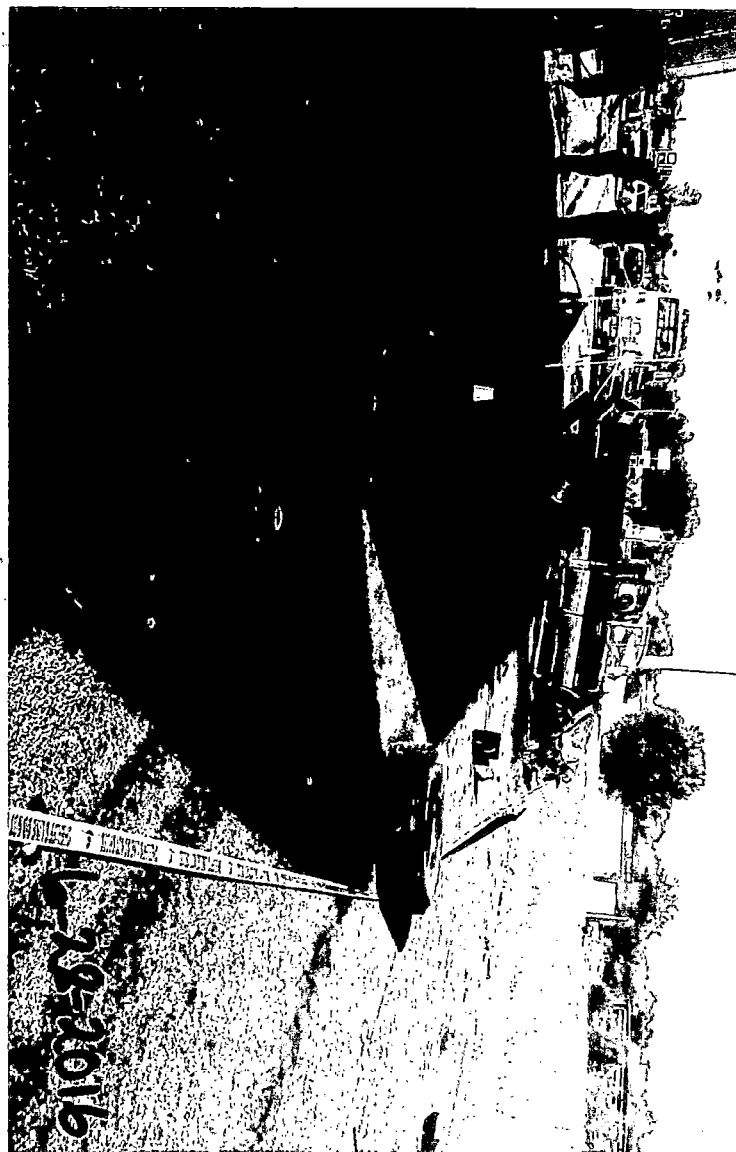


















THOMAS A PETTY

**278 EDWARDS-CR911
ROYSE CITY, TX 75189
(972) 636-9697 or Cell (214) 789-6652**

Thomas.pety@att.net

Re: Accident 6/28/2016

I was traveling south bound on TX Highway 24, I had just loaded at Campbell soup Company in Paris TX, which the load was to be delivered to CVS in Ennis TX, the next day. Highway 24 at Coppell Texas was under construction it is normally 4 lanes but they had it reduced to 2 lanes, and the south bound lanes flipped over to the north bound side, it became a 2 lane highway now and was properly mark so, after I made the flip a pickup traveling north bound enter into the south bound lane, as soon as it seen me, it was coming straight towards me, I applied my brakes expecting the pick up to return to the north bound lane but it never did, with a pick up coming straight towards me, I exited off the highway. The pickup continued coming north, in the south bound lane, at a high rate of speed, it collided with the left rear driver side of my class 8 truck, my speed at impact was under 20 mph but the pickup never applied its bakes with a speed of approximately 70-80 mph upon initial impact , the pickup hit the back of my cab, went through the battery box, drove through the drive axles, (see pictures shows the pickup point of impact on the west side of roadway) where it wedge between ground and trailer, forcing drive axles under truck, the skirt on the trailer prevented it from going under the trailer, went along the skirt until it hit the front left trailer tire, which spin the pickup 45 degrees to where it lost all its forward motion . After my truck came to a stop I hopped out to see what just happen, many people stopped, and help, one man unbelted the man out of the pickup which was missing the top of his head which probably happen when his vehicle got between trailer, drive tires, roadway, and laid him on the ground, another asked if I had a fire extinguisher, which I did and I gave it to him to put out the fire, after about 5-10 minutes and emergency vehicles started arriving. The men found empty beer cans in the pickup and report it to Archie Crittenden, he claim it could not be used as evidence; I don't not who made him judge.

Thomas Petty

My description of how the accident unfolds is from the pictures, because the accident happen behind me I did not see it unfold, I was looking forward driving off the roadway,